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| Case Number: | CM13-0059355 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 02/08/2007 |
| Decision Date: | 05/07/2014 | UR Denial Date: | 11/08/2013 |
| Priority: | Standard | Application Received: | 12/02/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52-year-old male who reported an injury in 02/08/2007 after he fell out of a chair. The injured worker reportedly sustained an injury to his lumbar spine. The injured worker's treatment history included physical therapy, multiple medications, activity modifications, epidural steroid injections, and an anterior cervical discectomy and fusion in 03/2013. The injured worker underwent an MRI in 09/2013. It was documented that the injured worker had early disc desiccation at the L4-5, disc protrusion at the L1-2 effacing the thecal sac, a disc protrusion at the L3-4 effacing the thecal sac, and a disc protrusion at the L4-5 effacing the thecal sac and causing L4 nerve root impingement. The injured worker was evaluated in 06/2013 by a psychologist. It was documented that the injured worker's diagnoses included major depressive disorder, panic disorder, and pain disorder associated with psychological factors. A recommendation was made for medications and cognitive behavioral therapy. Evaluation from 09/03/2013 documented that the injured worker had limited upper extremity strength with a positive Finkelstein's test on the right. A request was made for a lumbar discogram at the L4-5, L5-S1, and L3-4. However, no justification for the request or information from the requesting provider was provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

LUMBAR DISCOGRAM L4-5/L5-S1 W/ L3-4 AS CONTROL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, 12, 303-305

Decision rationale: The American College of Occupational and Environmental Medicine recommends discograms in certain clinical situations. It is recommended that the injured worker undergo a detailed psychological assessment determining that the injured worker is an appropriate candidate for this intervention. It is also recommended that the injured worker be a surgical candidate prior to this diagnostic study. It is also recommended that the injured worker be briefed on potential risks and outcomes of this diagnostic intervention. The clinical documentation submitted for review does not clearly address the need for this diagnostic study. There is no support that the injured worker is a surgical candidate. As such, the requested lumbar discogram L4-L5/L5-S1 with L3-L4 as control is not medically necessary or appropriate.